

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/13/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>7147</i>	<i>4/17/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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*extra*  
*17/00*